

**Clinics evaluations.** Please take 2 minutes to evaluate the resident you just worked with. It would be wonderful if you could provide the resident with some verbal feedback as well.

**Transmittal** to Joe Chavez Carey, MD; Brentwood Health Center, 171 Sandcreek Rd, Suite A; Brentwood, CA 94513. Fax 513-6800 **-OR- For an electronic copy** that you can fill out and email ([jcarey@ccfamilymed.com](mailto:jcarey@ccfamilymed.com)): <http://ccrmc.wikispaces.com/Outpatient+Rotations>.

**Resident:** \_\_\_\_\_ **PG-Y:** \_\_\_\_\_

**Attending:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**1. Resident was professional, punctual and interacted with staff appropriately** (please mark with an X)

☐ below expectations      ☐ meets expectations      ☐ above expectations

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**2. Interested in learning** (please mark with an X)

☐ below expectations      ☐ meets expectations      ☐ above expectations

**Comments: :** \_\_\_\_\_

\_\_\_\_\_

**3. Fund of knowledge** (please mark with an X)

☐ below expectations      ☐ meets expectations      ☐ above expectations

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**4. Procedural skills if applicable** (please mark with an X)

☐ below expectations      ☐ meets expectations      ☐ above expectations

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**5. Please suggest topics for future reading or areas of improvement:**

\_\_\_\_\_

Signature or Name: \_\_\_\_\_